STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME (LAST) (FIRST)	(N	(IDDLE)	DAYTIME TELEPHONE NUMBER
Cilh	1	1	A 10
MAILING ADDRESS STREET CITY	STA	TE ZIP CODE	(916) 322-5193
May use business address)	, SIA	TE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRES
		1 - 100 - 10	
1 Office Agency or Court			
1. Office, Agency, or Court	4. Sche	dule Summ	nary
Name of Office, Agency, or Court:	➡ Total nu	mber of pages	
Menter California Public Division, Board, District, if applicable:	Inciudin	g this cover pag	je:
			dules or "No reportable
Engloyees Peterement Sy Your Position:	stem interests	· -	ts on one or more of the
.1	I I attached	schedules:	is on one or more or the
Member, Board of Adm If filing for multiple positions, list additional ager	Scriedule	A-1 Yes -	- schedule attached
position(s): (Attach a separate sheet if necessa	icy(les)/ Investmen	its (Less than 10%	Ownership)
Agency: Darb Pers Admin	Schedule	A-2 Yes -	- schedule attached
740,000	investmen	ts (10% or greater t	•
Position: () wec7n	Schedule Real Prope	B ☐ Yes —	schedule attached
		. /	
Jurisdiction of Office (Check at least one	box) Schedule		schedule attached Positions (Income Other than Gifts
∫ State	1 1		
County of	Schedule Income –		schedule attached
City of	Schedule	E DVo	online dula autoria
Multi-County		Travel Payments	schedule attached
Other		-01	r.
	——— ∏ No ren	ortable interests	s on any schedule
Type of Statement (Check at least one bo	x)		on any schedule
Assuming Office/Initial Date: 7	6	· · · · · · · · · · · · · · · · · · ·	
Carried Annual: The period covered is January 1, 2005,	5. Verifica	tion	
through December 31, 2005.	I have used	all reasonable	e diligence in preparing this
-or-	statement. I l	have reviewed t doe the informati	this statement and to the best ion contained herein and in any
O The period covered is/, through December 31, 2005.	gh attached sch	edules is true a	and complete.
Leaving Office Date Left:/	I certify under	r penalty of perjo	ury under the laws of the State
(Check one)	of California	tnat the forego	ing is true and correct
O The period covered is January 1, 2005, throug	h		7/20/06
the date of leaving office.	Date Signed		by year)
O The period covered is/, through	, , , , , , , , , , , , , , , , , , ,		By, year)
the date of leaving office.	Signature	(Fig. 11)	
Candidate		true the onginally sign	ed latement with your filing official.)

SCHEDULE C Income, Loans & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	> 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Sava Gill - Wife	
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Sate Employee.	
PROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
→ 10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's income Loan repayment	Salary Spouse's income Loan repayme
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other
(Describe)	
(Describe)	(Describe)
(Describe)	(Describe)
2. LOAN RECEIVED	
2. LOAN RECEIVED You are not required to report loans from commercial lending	ing institutions, or any indebtedness created as part of a
2. LOAN RECEIVED You are not required to report loans from commercial lending etail installment or credit card transaction, made in the lending transaction.	ing institutions, or any indebtedness created as part of ander's regular course of business on terms available to
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